Patient Resource Guide: Depression

Introduction

Feelings of depression are a normal and expected consequence accompanying the uncertainties of severe illness and a diagnosis with a limited life expectancy. However, patients should not be expected to bear the burden of severe, sustained depression or anxiety and the negative impact of these on quality of life. Discussions with the patient regarding goals/visions for symptom management and beyond at the end of life can help alleviate these feelings.

Identifying Depression in the Hospice Setting

Normal sadness and grief are directly related to the extent of loss the patient is experiencing as a result of their diagnosis with a life-limiting illness. However, clinical depression may be associated with ***helpless, hopelessness, worthlessness, and guilt.***

Treating Depression in the Hospice Setting

Consideration of medical treatment of depression depends on the clinical decision-making of the medical provider based on *intensity, persistence of symptoms, and the extent to which they result in disruption of life*.

Treating patients for depression near the end of life with medication can be challenging. The most commonly used medications for prescribed for depression take 4 to 6 weeks to work. If life expectancy is less than 4 weeks, methylphenidate or another less traditional medication may be considered as it may provide improvement in energy or mood more rapidly than medication typically used for treatment of depression.

Activities consistent with patient priorities and goals have proven effective. Examples may include writing or dictating letters to loved ones, scrapbooking, and coordinating events to honor the patient, and have been shown to reduce patient symptom burden and caregiver stress.

Finally, connecting with a psychologist, chaplain or another clinician for counseling or development of skills to help process and cope with limited life expectancy have proven to effectively reduce stress, anxiety and distress.

